

Name: _____
ID#: _____

DOB: _____
Service Coordinator: _____

IFSP Date: _____

Form I: Your Family's Transition Plan

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Transition Planning Steps (Check all boxes that apply)

1. Notification:

- a. ☐ The *Understanding Notification* brochure was provided. Date Provided: _____
b. ☐ The family opted out of notification. Date: _____
c. ☐ Notification to the school district and Department of Education was provided. Date Provided: _____

2. Program Options:

- a. ☐ Program options available within the community (e.g., local school district, Head Start, Agency for Persons with Disabilities, other early care and education programs, etc.) were discussed.
b. ☐ At this time, the family is interested in the following options:

3. Referral:

- ☐ With family consent, a referral packet was provided to the school district and/or other agencies and community providers as follows:
a. Agency/Program to which child is referred: _____ Referral Date: _____
b. Agency/Program to which child is referred: _____ Referral Date: _____

4. Transition Conference:

Date of Conference: _____

- a. ☐ Concerns of the family related to transition were discussed. Those concerns are listed below. If there are no concerns, please indicate "none."

b. ☐ List activities to address the above concerns, if applicable.

c. ☐ School district information was provided regarding services to prekindergarten children with disabilities. This information should include the district's evaluation/eligibility process and how the Individual Educational Plan (IEP) is developed.
Comment:

d. ☐ Services/activities to support our child's transition into a new setting/environment: (Agency/program visitations, parent training, transportation issues, assistive technology needs, immunizations, additional evaluations needed, etc.)

Services/Activities

Person(s) Involved

Timeframe(s)

We attended the transition conference and participated in the development of this transition plan. ~~We provide consent to the steps and services related to transition.~~

Parent/Guardian

Parent/Guardian

Date

~~We attended the transition conference and participated in the development of this transition plan.~~

Service Coordinator

IFSP Team Member/Title

Local School District Representative/Title

Community Representative/Agency/Title

IFSP Team Member/Title

Other/Title